

<h2 style="margin: 0;">CLAIMS ONLY</h2>				Application Number <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">10804988</div>		Filing Date <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div>	
				Applicant(s) <div style="height: 30px; border: 1px solid black; margin-top: 5px;"></div>			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3						
Total Depend	17						
Total Claims	20						

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	17					
Total Claims	20					

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